

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

5618

MAR 14 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Menorah Hosp)

File No. _____
 Registered No. 013
 St. _____ Ward _____

2. FULL NAME Sam Shifrin

(a) Residence, No. 3802 Park St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Jennie Shifrin		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE app 50	YEARS	MONTHS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia		
13. NAME Ahron Shifrin		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia		
15. MAIDEN NAME Ethel Shifrin		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia		
17. INFORMANT Mrs. Jennie Shifrin k.c.mo (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffield Cem DATE Feb. 28, 35		
19. UNDERTAKER H. TIGERLIAN & SONS? K.C.MO (ADDRESS)		
20. FILED 2/27 1935 M.M. Crowe Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 27** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **July 17**, 19**34**, to **Feb 26**, 19**35**
 I last saw him alive on **2-26**, 19**35** Death is said to have occurred on the date stated above, at **1201 1/2 St.**
 The principal cause of death and related causes of importance were as follows:
Carcinoma, metastasis to glands - Primary source liver?
 Other contributory causes of importance:
Pulmonary tuberculosis
Myocardial infarction

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **No.** Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) **D.C. Cresser**, M. D.
 (Address) **Kansas City, Mo.**

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23

